

MORTGAGE SURVEY INFORMATION SHEET



HOURS: Monday through Friday - 707 N. Armstrong Place, Boise
8 a.m. to 5 p.m.

FEES: Inspections

Well Only	\$206.00
(survey \$196 + lab fee \$10.00)	
Septic Only	\$196.00
Both well and septic	\$206.00
1st Resample (lab fee)	\$10.00
2nd Resample	\$141.00
(reinspection fee - \$131 + lab fee - \$10)	

The inspector must have access to the entire area of the drainfield, septic tank, and/or well head.

REINSPECTION FEE of \$131 will be required if this office must make a third visit to the property for the following reasons.

- A. All major and minor well repairs, including reinspection of repairs such as a well cap and electrical conduit that is not properly fastened to the casing and/or not water tight.
- B. Revisit because we were unable to obtain a water sample for any reason.
- C. Second water resample due to a contaminated well.
- D. Dogs were not properly restrained
- E. Roof on well house too heavy

PROCESSING:

The following items must be submitted at the time of application. Any incomplete surveys will not be processed until all the information has been submitted.

1. Verification of legal description. This can be obtained from income tax papers, deeds, irrigation notices, multiple listings, or homeowners insurance.
(e.g. Lot 5 Bk 1 Mack's Sub or NE4 SW4 Sec10 T4N R1E)
2. A plot plan must be drawn on the application showing the location of the septic tank, any drainfields, and any domestic wells in relationship to the house.
3. If the septic tank has been or will be pumped, we will need a copy of the pumping receipt

QUESTIONS:

You will be required to answer the following questions:

1. Is well head visible? If the well head is in the pump house or there is anything covering the well head, it must be either indicated on the application or removed so the inspector has access to the well head. If the well cap is loose, it must be tightened firmly. Cracked well heads may require replacement. If missing, one must be installed before completion of the survey.
2. Is the well on the property? The location of the well must be indicated on the application.

RESULTS:

Septic Only results will be available within two working days. Any survey with the water sample test results will be available 3-5 days after the sample is taken.

We will contact you by phone as soon as the survey is complete.

CENTRAL DISTRICT HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

MORTGAGE SURVEY REPORT FOR SEWAGE & WATER SYSTEMS



Ada County
707 N. Armstrong Pl.
Boise, ID 83704-0827
Tel. 327-7499

EXAMPLE
PLEASE READ
REVERSE SIDE

Valley County
703 N. 1st Street
McCall, ID 83638
Tel. 634-7194

FOR OFFICE USE ONLY	
Parcel I.D. #	
Fee	Receipt No.
Fee	Receipt No.
Fee	Receipt No.
<input type="checkbox"/> WELL ONLY <input type="checkbox"/> WELL-SEPTIC <input type="checkbox"/> SEPTIC ONLY	

Act.	EHS	Date	Travel Time / Insp. Time

APPLICATION

Applicant's Name <u>Joe Common</u>		Applicant's Address <u>100 N. Main St.</u>		City <u>Boise</u>	Zip Code <u>83702</u>	App's Day Ph. # <u>555-1234</u>
Address of Property <u>2525 Century Ln</u>		Street <u>Boise</u>	City <u>83704</u>	Zip Code <u>83704</u>	Legal Description of Property <u>Lot 10 Block 2 Here & Now #1</u>	
Location: <input checked="" type="checkbox"/> Inside City <input type="checkbox"/> In County		County Parcel #: <u>2 2 4 5 7 8 9 1 2 3 4</u>				
Well head is visible & accessible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The well is on the property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The house is currently occupied <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will dogs be restrained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has sewage system failed, been replaced or repaired in the last 12 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The septic system is functioning properly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The septic system has been pumped within the last 3 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was it pumped <u>9-1-2006</u> Year home was built <u>2000</u>		PLOT PLAN FOR PROPERTY Please draw house, well, septic location and lot lines where applicable. * NOTE: The septic will be located in relationship to the well. 		DIRECTIONS TO PROPERTY <u>East on Emerald</u> <u>From Five Mile</u> <u>Left (North) on</u> <u>Armstrong Left</u> <u>(West) on</u> <u>Century</u>		

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.

Applicant's Signature

X Joe Common

Date

6-27-07

REFUND POLICY: Requests for refunds must be made within one year of date of payment. Refunds will be made for the amount of fee received less the cost of staff time spent on the application up to the date of request for refund. If the cost of staff time exceeds the amount of fee paid, no refund will be made.

SURVEY RESULTS

1. Our survey indicates the water supply is:

- ☐ Public ☐ Individual Well ☐ Community Well ☐ Other
- a. Well is located _____ feet from the _____ of the house foundation.
- b. The well casing is _____ inches ☐ above ☐ below ☐ grade ☐ floor ☐ in pit ☐ buried well
- c. Water sample collected on _____ and tested for Intestinal bacteria. Resample Date _____
- d. Intestinal bacteria ☐ were ☐ were not found in the water sample.
- e. ☐ Well head appears to be acceptable. ☐ Well head is not acceptable.
- f. Field sample results for Nitrate _____ mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date: _____
- g. Field sample results for Nitrite _____ mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date: _____

GPS	Well: N _____
Readings	W _____

2. Our survey indicates the sewage system is:

- ☐ Public ☐ Private Ind. ☐ Community ☐ Other
- a. Sewage disposal system permit issued by Health Authority on _____ and inspected/accepted on _____
- b. Sewage disposal is _____ feet from the well and appears to be located on the _____ of the house.
- c. Visual evidence of malfunction ☐ was ☐ was not present when surveyed on _____.

Comments or Special Instructions

(NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

EHS signature

Date

Received by: _____ Date: ____/____/____

CDHD 6/07 lkc